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DUFT BORNSE 1526 SPRUCE STI SUITE 302	8 5000 F	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
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APPLICATION NO.	FILING DATE		TRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/783,851	02/20/2004		Ronald L. Heiney				920030032US1	7662	
TITLE OF INVENTION: METHOD AND SYSTEM FOR PERFORMING LARGE SCALE DISTRIBUTED PRINTING USING A RELATIONAL DATABASE									
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE P	REV. PAID ISSUE	e fee	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0	•	\$1700	11/17/2006	
EXAMINE	EXAMINER		CLASS-SUBCLASS						
HAMDAN, WASSEEM H		2854	400-076000						
1. Change of correspondence CFR 1.363). Language of correspond Address form PTO/SB/12 Tee Address indicate PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee wide in its Delow of the patent of the paten									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OF CONTROL OF THE TOTAL OF THE									
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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual I									
4a. The following fee(s) are Signature Signature Signature Signature Signature Signature Advance Order - # of	 Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3669(enclose an extra copy of this form). 								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
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Authorized Signature	·	Date 23 August 2006							
Typed or printed name		Registration No. 35,512							
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